

# APPLICATION FOR FEDERAL ASSISTANCE

<b>2. DATE SUBMITTED</b> 3/12/2002		Applicant Identifier	
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier	
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Save the Ocean Foundation		Organizational Unit: Coastal Program	
Address (give city, county, State, and zip code): 1234 Main St., Suite 220 Springfield, CA 00001		Name and telephone number of person to be contacted on matters involving this application (give area code) John Doe (111) 111-1111(wk) 111-1112(fax) john.doe@sof.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 4 5 — 9 9 9 9 9 9 9		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non - profit</u> </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> NOAA National Marine Fisheries Service	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">1 1 — 4 6 3</div> TITLE: Habitat Conservation		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Thompson Brook Fishway Restoration Project	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Springfield, Centerville, CA			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 6/01/02	Ending Date 11/30/03	a. Applicant District 2 b. Project District 2	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 26262.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 3/10/2002  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 11525.00		
c. State	\$ .00		
d. Local	\$ 15000.00		
e. Other	\$ .00		
f. Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 52,787.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative John Doe		b. Title Director	c. Telephone Number (111) 111-1111
d. Signature of Authorized Representative		e. Date Signed 3/12/2002	